

**STATE OF CONNECTICUT
SPECIAL APPLICATION
FOR THE OFFICE ASSISTANT EXAMINATION ONLY (CT-HR-18)**

Social Security Number:

			-			-				
--	--	--	---	--	--	---	--	--	--	--

DO NOT WRITE in shaded area		APPROVED _____		DISAPPROVED _____		REVIEWED BY: _____		AE Date: _____	
GE – Lack GE		LG – Length GE		CS – Status in Class		II – Insufficient Info		LT - Late	
Instructions: This special application form is to be used to apply for the State of Connecticut Office Assistant examination only. (The CT-HR-12 or other application forms will not be accepted.) Application forms will be accepted from August 29, 2012 through September 13, 2012 at 5:00 PM EST. Applications received by the Department of Administrative Services (DAS), Statewide Human Resources after 5:00PM EST on September 13, 2012 or applications received on other forms will not be accepted . Complete all parts of the application form. If you are claiming veteran's credit, attach form CT-HR-19. Do not attach resumes or any other forms or documents with your application form. Applications should be faxed to 860-706-1494 or 860-706-1495 or emailed to Office.Assistant@CT.Gov or hand delivered to Room 404, 165 Capitol Avenue, Hartford CT, 06106. It is not recommended that you mail your application form as you cannot ensure it will be received on time.									
EXAMINATION TITLE: Office Assistant					EXAM NO. 062620,0010				
Minimum Qualifications: To be admitted to this exam, applicants must have the following experience and training by September 13, 2012: General Experience: Two years of general clerical work experience. Substitution allowed: College training may be substituted for the General Experience on the basis of fifteen semester hours equaling six months of experience.									
NAME (Last)			(First)			(Mi)		SUFFIX (Jr., Dr.)	
ADDRESS (Number and Street)									
CITY						STATE		ZIP CODE (Last 4 digits are optional)	
HOME PHONE NUMBER				BUSINESS PHONE NUMBER			CELL PHONE NUMBER		
E-mail address:									
Are you currently employed by the State of Connecticut? Yes <input type="checkbox"/> No <input type="checkbox"/>				Voluntary: In order to meet State and Federal reporting requirements, we are requesting that you voluntarily supply the following information. This data will not be used for discriminatory purposes and will not be considered in the evaluation of your application. Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>					
If yes: Emp. ID: _____ Job Title: _____				RACE/ETHNIC DATA <input type="checkbox"/> B- BLACK/AFRICAN AMERICAN (not of Hispanic Origin) <input type="checkbox"/> W -WHITE (not of Hispanic Origin): <input type="checkbox"/> H- HISPANIC: <input type="checkbox"/> A -ASIAN OR PACIFIC ISLANDER <input type="checkbox"/> I - AMERICAN INDIAN OR ALASKAN NATIVE					
What kind of Position are you applying for? Full time <input type="checkbox"/> Part time <input type="checkbox"/> Either <input type="checkbox"/>									
EMPLOYMENT DISTRICTS									
Place an X in the box(es) for ONLY the district(s) in which you will accept employment. Not all jobs are used in all locations. Names will be certified by location. Location preferences may be changed by submitting a written request to DAS/Human Resources.									
<input type="checkbox"/> A - All Locations		<input type="checkbox"/> O - Avon, Farmington, West Hartford		<input type="checkbox"/> B - Greenwich, Stamford, New Canaan, Darien		<input type="checkbox"/> P - East Hartford, Manchester		<input type="checkbox"/> Q - Hartford	
<input type="checkbox"/> C - Norwalk, Wilton, Weston, Westport		<input type="checkbox"/> R - Granby, Canton, Simsbury, Suffield, East Granby, Windsor Locks, Windsor, Bloomfield, East Windsor, South Windsor, Ellington, Vernon, Tolland, Stafford, Willington		<input type="checkbox"/> D - Fairfield, Easton, Monroe, Trumbull, Shelton, Stratford		<input type="checkbox"/> S - Enfield, Somers		<input type="checkbox"/> T - Newington	
<input type="checkbox"/> E - Bridgeport		<input type="checkbox"/> U - Union, Ashford, Mansfield, Chaplin, Hampton, Windham, Scotland, Lebanon		<input type="checkbox"/> F - Redding, Ridgefield, Danbury, Bethel, Newtown, Brookfield, New Fairfield, Bridgewater, Sherman, New Milford, Roxbury, Washington, Kent, Warren		<input type="checkbox"/> V - Cromwell, Portland, Middletown, Middlefield, Durham, East Hampton, Haddam, East Haddam, Chester, Essex, Killingworth, Deep River, Westbrook, Old Saybrook		<input type="checkbox"/> W - Lyme, Old Lyme, East Lyme, Salem, Montville, Waterford, New London, Ledyard, Groton, Stonington, North Stonington	
<input type="checkbox"/> G - Morris, Litchfield, Harwinton, New Hartford, Torrington, Goshen, Cornwall, Sharon, Salisbury, Canaan, North Canaan, Norfolk, Colebrook, Winchester, Hartland, Barkhamsted		<input type="checkbox"/> X - Bozrah, Franklin, Norwich, Sprague, Lisbon, Preston, Griswold, Voluntown		<input type="checkbox"/> H - Thomaston, Bethlehem, Watertown, Woodbury, Southbury, Middlebury, Beacon Falls, Naugatuck, Prospect, Waterbury, Wolcott, Cheshire		<input type="checkbox"/> Y - Woodstock, Thompson, Putnam, Pomfret, Eastford, Brooklyn, Canterbury, Plainfield, Sterling, Killingly		<input type="checkbox"/> Z - Glastonbury, Marlborough, Colchester, Hebron, Columbia, Andover, Bolton, Coventry	
<input type="checkbox"/> I - Oxford, Seymour, Ansonia, Derby		<input type="checkbox"/> M - Plymouth, Bristol, Burlington		<input type="checkbox"/> J - West Haven, Orange, Woodbridge, Bethany, Hamden, North Haven, East Haven		<input type="checkbox"/> N - Berlin, Southington, Plainville, New Britain			
<input type="checkbox"/> K - New Haven				<input type="checkbox"/> L - Meriden					
TESTING ACCOMMODATIONS FOR EXAMINATIONS: If you are requesting special testing accommodations under the provisions of the Americans with Disability Act (ADA) contact us at (860) 713-5289.									

NAME: _____
LAST FIRST

Education

Do you have a High School Diploma or GED? Yes ☐ No ☐ Do you have a college degree? Yes ☐ No ☐

If you have indicated that you have a college degree, please indicate the highest degree received, when it was earned, at what college and where the college is located.

<u>HIGHEST DEGREE RECEIVED</u>	<u>DATE RECEIVED</u>	<u>COLLEGE NAME</u>	<u>COLLEGE LOCATION</u>
_____	_____	_____	_____

If you have not earned a college degree, but have earned college credits, indicate how many credits you have earned, dates attended, at what college(s) and where the college(s) is located.

<u>NUMBER OF CREDITS EARNED</u>	<u>DATES ATTENDED</u>	<u>COLLEGE NAME</u>	<u>COLLEGE LOCATION</u>
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY: Important Instructions for Completing this Section. Beginning with your PRESENT or MOST RECENT employment or volunteer experience and working backward, list all positions held that you wish to be considered toward meeting the eligibility requirements (minimum qualifications) stated on Page 1. List positions separately, even if with the same employer. Clearly describe the work (duties) you personally performed in each position.

Position 1 Job Title: (Start with most recent job)		Company Name		Type of Business
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.
Employed From (MM/DD/YYYY)	To: (MM/DD/YYYY)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per	
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Per Diem <input type="checkbox"/>	Hours Per Week _____	

DUTIES (must be listed)

Position 2 Job Title:		Company Name		Type of Business
Title of Immediate Supervisor		Dept. Where Assigned		Business Address/Phone No.
Employed From: (MM/DD/YYYY)	To: (MM/DD/YYYY)	Total (Yrs. Mos.)	Salary or Wage \$ _____ Per	
Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Per Diem <input type="checkbox"/>	Hours Per Week _____	

DUTIES (must be listed)

SIGNATURE REQUIRED: By signing or typing my name on the signature line below, I am certifying that the statements made by me on this application form and attachments, if any, are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

APPLICANT SIGNATURE: _____ DATE: _____

(Signature is required)

NOTE: A typed name will substitute for a handwritten signature.